

## DISCUSSION:

Dr. Stoddard—The paper which the doctor has just read is exceedingly interesting, but I cannot agree with him in every particular. The longer I practice the more firmly I am convinced of the absolute necessity for the most rigid asepsis in the lying-in chamber. It is my custom to use antiseptic vaginal douches of mercury bichlorid or lysol before and after delivery in each and every case. If there is any evidence of infection I use the intra-uterine douche.

Dr. Flint—It is my experience that the obstetric patient in the country requires just as much care and attention as her sister in the city.

Dr. Cunnane—It is my habit to practice absolute cleanliness so far as it may be attained by the use of soap and water, and the use of douches of normal salt solution before and after delivery. An experience of two non-fatal cases of poisoning after the use of I to 5000 bichlorid douches has made me cautious in the selection of intra-vaginal douches after a confinement.

Dr. Vaughan—When I visited Europe the last time the use of antiseptics was not so popular in obstetric work as a few years before.

Dr. Conrad—Reports indicate that bichlorid is not so good an antiseptic or germicide as was formerly supposed, and is not perfectly free from danger in obstetric cases.

Dr. Barry—I practice cleanliness, but do not use antiseptics to any extent in midwifery cases; where an antiseptic is necessary, I prefer a ½% carbolic acid douche.

Dr. Morrey—I do not use douches after confinements because I believe it interferes with the natural discharges.

Dr. Graham said he had waited on several hundred cases during the past twenty years, some of which were under the most discouraging circumstances, without a single death from sepsis in patients that he had control of from the commencement of labor.

## BILL TO REGULATE "PATENT MEDICINES."

A bill has recently been introduced in the Legislature of Massachusetts providing for the regulation of the nostrum business. This proposed measure requires that the formula of the "patent" medicine be printed on the label of each container, and provides a fine of fifty cents for each original package not so labeled. Only extracts from the proposed law have thus far reached us, but it seems to offer some excellent suggestions. Of course the law should be so constructed as to omit physicians' prescriptions, but, with that exception, it would seem desirable to compel all manufacturers of anything intended to be used as medicine, in its broad sense, (any substances employed in the treatment of disease), to advertise just what the so-called medicine is composed of. That such a requirement will be bitterly fought by the enormous interests invested in the trade of debauching humanity, is certain. But with a good strong organization could not the weight of this influence be offset? It certainly would seem almost time to begin the effort, for it will doubtless take a good deal of time to put it through. Perhaps it will require the taking of a considerable amount of the excellent advice given recently by Dr. Chas. A. L. Reed, in his address on the "Doctor in Politics." If our Representatives in the State Legislature are at first bought up by the nostrum crowd, it would then be the proper time for physicians to get interested in politics and see that men were nominated for the Legislature who would pledge themselves not to be bought—at least not to be bought by the nostrum manufacturers. Such a campaign could be successful, if well planned and energetically carried out. For a cause so good and a

principle so right, it is not believeable that any physician in the Society would refuse to work, if not called upon to give up too much time.

## EDITORIAL PAGES, AND "ADS."

Certain medical journals have been discussing of late the best method of excluding from their pages articles bearing the semblance of having been written by physicians in the interest of manufacturers and importers of proprietary medicines. These journals appeal to medical men to help them. Here is a quotation from an editorial in a recent number of the *New York Medical Journal*: "Meetings of even the most dignified of our societies have at times not wholly escaped the suspicion of having been exploited by the touters for some medicinal or dietetic preparation, and it is certain that papers are often read before them which a reputable medical journal would hesitate to publish." Truly, a deplorable state of affairs. We ought to come to the aid of these reputable journals by tabooing any of our members guilty of such unprofessional conduct as is charged, and we should help these journals still further with the kindly advice that they do not hereafter allow nearly every column of their advertising pages to be taken up with advertisements of proprietary and patent medicines. If it is not right to mention these remedies in the scientific and editorial columns, what makes it right to mention them in any other part of the journals? Can it be the same thing that induces certain hungry physicians to write articles for the wealthy manufacturers? Who are these manufacturers of proprietary remedies that they presume to burden our mails with circulars giving us instructions how to treat our patients? Do they employ a Brunton or an Osler, a Hare or a Behring?—(*Purdy in New York State Journal of Medicine.*)

"Surgical English" is always a delight—when it is not an agony—and generally it adds a pleasurable feeling of variety to the ordinary routine of medical discourse. The JOURNAL has noted a few bright gems from the treasury of the surgist (Why not? They say "internist"! ) and will gladly note others as they come to light. Latest reports on "operated a case of ——" are good; they show a rather increased usage. A small jewel, though worthy of notice, is "profuse bad drainage"; we are stumped; what does it mean? Another choice specimen is to be recorded, and, would you believe it, is printed in beautiful gold letters on a medical work! It reads: "Complete Medical Pocket Formulary." While the male pocket is numerous, it is not complex—or at least it has not occurred to us that it could need a formulary. Perhaps this is meant for the uncommon but highly complex female pocket.

## DIED.

It is with sincere sorrow that the JOURNAL announces the death of Dr. Louis A. Kengla, editor of the *Occidental Medical Times*. Dr. Kengla had suffered with an affection of the heart for some time and had been for several weeks confined to his bed. His death on Saturday, March 26th, while not wholly unexpected, will come as a shock to the profession of the Coast, who held him in the highest esteem. Dr. Kengla was president of the San Francisco County Medical Society last year and had been secretary of the California Academy of Medicine for several years. He was a native of Washington, D. C., and a graduate of the Medical Department of the University of Georgetown, D. C., '86. His funeral took place from St. Mary's Cathedral on Monday, March 28th. Rest his soul in peace.